

Dental Sealant Program Procedures and Timeline

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| I. Assess the need and identify target population
(Screening data, % Medicaid, # providers, fluoride, FRSLP) | 6 months prior to program |
| II. Program Planning- Identify Partners | 4-6 months prior to program |
| A. Eligibility letter (state letterhead) | 2-3 months prior to program |
| B. Public Notice | 1 month prior to program |
| 1. Newsrelease | “ |
| 2. Radio station map | “ |
| 3. Community Outreach | “ |
| a. Posters | |
| b. Handbills | |
| c. Brochures, Bookmarks, Stickers | |
| C. Parental Permission | 2-3 weeks prior to program |
| 1. Letter (EN, SP, VN) | |
| 2. Brochure | |
| D. In-service/orientations | 1-4 weeks prior to program |
| 1. Teacher | 2-3 weeks prior to program |
| a. Fact sheet | |
| b. Seal America or Seal in a Smile video (EN & SP) | |
| 2. Child/patient | 1-2 weeks prior to program |
| a. Seal in a smile video (EN & SP) | |
| b. Coloring sheets (EN, SP, & VN) | |
| 3. Provider/ dental students | 4 weeks prior to program |
| a. Seal America video | |
| b. Survival Spanish and Vietnamese | |
| c. Sealant Placement steps | |
| d. Patient Record | |
| e. Child take home sheets (EN, SP, VN) | |
| f. Referral report | |
| E. Program Supply checklist | 4 weeks prior to program |
| a. Donations are encouraged | |
| b. Check expiration dates | |
| F. Dental equipment- working order check | 3 weeks prior to program |
| III. Program follow-up | |
| A. Evaluation forms | The day of the program |
| 1. School satisfaction survey | |
| 2. Provider satisfaction survey | |
| B. Thank you notes to everyone | Within 1 week of the program |
| C. Certificates of appreciation to volunteers | Within 1 week of the program |
| D. Return equipment | Immediately following the program |
| E. Dental referral report Give to school RN, day of program & contact in 90 days- tx done | |
| F. Dental sealant report to dental director within 10 days- # sealants, #children, value of tx | |